

**NOTICE OF TORT CLAIM**

In order to submit your claim, you must complete this form and submit it to the **LEGAL Department, 425 N Richardson, Roswell, NM** within **NINETY (90)** days of the occurrence. The City of Roswell may forward your claim to the New Mexico Self-Insurers' Fund for investigation and adjustment. Please submit your claim by email to **tortclaims@roswell-nm.gov**. Call **(575) 637-6228** if you have questions.

To: City of Roswell, NM

Claimant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Date of Occurrence: / / Time of Occurrence: \_\_\_\_\_ AM or PM (circle one)

Location of Occurrence: \_\_\_\_\_

Please describe what happened: (continue on separate sheet if necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness Name: \_\_\_\_\_

Contact #: ( ) \_\_\_\_\_

Witness Name: \_\_\_\_\_

Contact #: ( ) \_\_\_\_\_

Please list all persons and/or property for which you are claiming damages:

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_

4. \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL AMOUNT OF CLAIM \$ \_\_\_\_\_

**Please attach all estimates, bills or other information to support the amount of your claim.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date